

PEDIATRIC EMERGENCIES - CARDIAC ARREST

V-FIB / PULSELESS V-TACH

1105

Cardiac Arrest in infants and children is rarely a primary event. It is usually a result of deterioration of respiratory function resulting in decreased cardiac function. Cardiac arrest can be prevented if the symptoms of respiratory failure and/or shock are recognized and quickly treated.

Basic Life Support

1. Begin CPR.
2. Ventilate with 100% oxygen, with Bag Valve Mask
3. AED per Standing Order #303.
4. Call ALS backup if available.
5. Transport ASAP.

Advanced Life Support

1. Ventricular fibrillation / Pulseless V- Tach:
 - A. Defibrillate, 2 J/kg.
 - 1a. If no conversion, 4 J/kg.
 - 2a. If no conversion, repeat @ 4 J/kg.
2. CPR.
3. Ventilate with 100 % oxygen via BVM.
4. Intubate.
5. IV or IO Normal Saline, LR KVO.
6. Epinephrine: [may repeat every 3 to 5 minutes] [Repeat immediately after IV/IO established]
 - A. 1:10,000, 0.1cc/kg IV or IO.
 - B. ET/TT 0.1 cc/kg 1:1,000.
7. If no conversion after 30-60 seconds after each medication, defibrillate 4 J/kg.*
8. Lidocaine 1.0mg/kg. IV, ET or IO, or Amiodarone 5mg/kg up to 3 doses – IV/IO-rapid IV push, or magnesium 25 to 50mg/kg IV/IO for polymorphic VF [Torsades de Pointes] max 2g.
9. Transport.
10. Contact MCP for further orders.

Key Points/Considerations

* Pattern should be CPR → Drug → Shock [and then repeat].
May not give Amiodarone and Lidocaine in combination.

Service Director Initials _____

Medical Director Initials _____

Date Approved By KBEMS _____

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